

UNITED STATES DISTRICT COURT

District of
MASSACHUSETTSFILED
CLERK'S OFFICETIMOTHY GRADY, INDIVIDUALLY AND ON
BEHALF OF ALL OTHERS SIMILARLY
SITUATED, PLAINTIFF2004 FEB -3 P 12:13
SUMMONS IN A CIVIL CASE

V.

SUN LIFE ASSURANCE COMPANY OF
CANADA INC., ET AL.

DEFENDANTS CASE NUMBER:

U. S. DISTRICT COURT
DISTRICT OF MASS.

04-10089-JLT

TO: (Name and address of Defendant)

Davey S. Scoon
 c/o Sun Life Assurance Company of
 Canada Inc.
 One Sun Life Executive Park SC 2132
 Wellesley Hills, MA 02481

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

David Pastor
 Gilman and Pastor LLP
 Stonehill Corporate Center
 999 Broadway, Suite 500
 Saugus, MA 01906

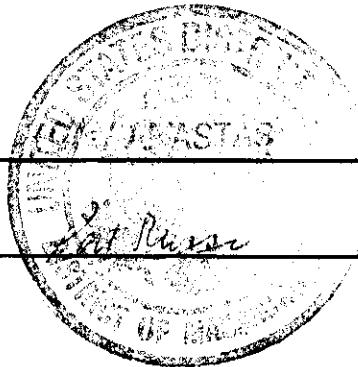
an answer to the complaint which is served on you with this summons, within 20 days after service
 of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you
 for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the
 Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

1-13-04

(By) DEPUTY CLERK





Norfolk County Sheriff's Department 2015 Washington St. • Braintree, MA 02184 • (781) 326-1787

Norfolk, ss.

January 22, 2004

I hereby certify and return that on 1/21/2004 at 09:20 am I served a true and attested copy of the summons and complaint in this action in the following manner: To wit, by delivering in hand to Audrey Evans, paralegal, , person in charge at the time of service for Davey S. Scoon , at c/o Sun Life Assurance Company of Canada, One Sun Life Executive Park, SC2132 Wellesley Hills, MA 02481. Copies-Attestation (\$5.00), Basic Service Fee (\$30.00), Postage and Handling (\$1.00) Total Fees: \$36.00

Deputy Sheriff

Deputy Sheriff <Serving Deputy>

Returned unexecuted: _____

Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
 Date _____
 Signature of Server _____

Address of Server _____